

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	6825	6/1/00
O.I.P.E. CLASSIFIER		47	7/6/00
FORMALITY REVIEW	nm	831	08/14/09
RESPONSE FORMALITY REVIEW	if	829	12/08/10

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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